

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

PURPOSE: In processing your application, there may be a need to confirm or clarify personal information you provide with an outside agency. This form authorizes us to contact those agencies and exchange information necessary to properly review and evaluate your application. This is also needed to run the youth applicant's criminal background check.

Applicant name: _____ Birth Date: _____

County where student/applicant currently lives: _____

Other Texas Counties Student/Applicant has lived: _____

AUTHORIZATION TO RELEASE INFORMATION:

I hereby authorize the State of Texas, its counties, its cities, and its agencies to submit and/or exchange all pertinent information with the Texas ChalleNGe Academy (TCA) regarding, but not limited to, the following: substance abuse history, referral history, court status, family or social services interventions, documented medical conditions, and any other information requested by the TCA relevant to the health, safety, welfare, and quality of life of the student/applicant named above.

I understand that these records are protected under the federal or state confidentiality laws or regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. TCA is in compliance with the most prominent of the federal protections for participant privacy including the Family Educational Rights and Privacy Act (FERPA), also known as the "Buckley Amendment." FERPA protects the confidentiality of student record to some extent while giving students the right to review their own records.

I also understand that I may revoke this consent at any time except to the extent that action has been taken and that in any event this consent automatically expires thirty-six (36) months from the date my application is accepted and I am officially registered as a student in the TCA.

Custodial Parent/Legal Guardian Signature:

Date:

Applicant Signature:

Date: